

HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, PACIFIC TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

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## LOBBYIST REGISTRATION FORM -2003

(Type or Print Clearly)

### PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Mac RAE	Bruce	D. D.	(949) 452-2082
MAILING ADDRESS (Street)			FAX
25201 PASEO DE ALICIA Suite 200			(949) 452-2040
(City)	(State)	(Zip Code)	
Laguna Hills,	CA	92653	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

### PART II ORGANIZATION

United Parcel Service			
MAILING ADDRESS (Street)			FAX
25201 PASEO DE ALICIA Suite 200			(949) 452-2040
(City)	(State)	(Zip Code)	
Laguna Hills,	CA	92653	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Bruce D. D. Mac RAE			(949) 452-2082
MAILING ADDRESS (Street)			FAX
25201 PASEO DE ALICIA Suite 200			(949) 452-2040
(City)	(State)	(Zip Code)	
Laguna Hills	CA	92653	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

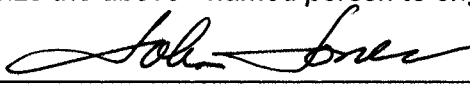


(Signature of Lobbyist)

12/05/02

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
JOHN JONES			
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
United Parcel Service		(949) 452-2010	
MAILING ADDRESS (Street)		FAX	
25201 PASSEO DE ALICIA Suite 200		(949) 452-2040	
(City)	(State)	(Zip Code)	
Laguna Hills,	CA	92653	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
		12/05/02	
(Signature of Authorizing Officer or Person Represented)		(Date)	